

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**  
 09-10-1999 90004 001 \*3,300.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **K61942**  
 Corporation Name  
**FRANKLIN POSTAL BUILDING, INC.**



Principal Place of Business  
**16903 LAKESIDE DRIVE, SUITE 6**  
**BOX 560007**  
**MONTVERDE FL 34756-7007**

Mailing Address  
**16903 LAKESIDE DRIVE, SUITE 6**  
**P.O. BOX 560007**  
**MONTVERDE FL 34756-7007**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/30/1989**

4. FEI Number  
**65-0099912**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

26. Mailing Address  
 27. Suite, Apt. #, etc.  
 28. City & State  
 25. Country  
 29. Zip  
 30. Country

9. Name and Address of Current Registered Agent  
**FRANKLIN, GEE GEE**  
**16903 LAKESIDE DRIVE**  
**MONTVERDE FL 34756-7007**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 85. Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS	
TITLE ADDRESS ST-ZIP PST <b>FRANKLIN, GEE GEE</b> <b>16903 LAKESIDE DRIVE</b> <b>MONTVERDE FL</b>	<input type="checkbox"/> DELETE
TITLE ADDRESS ST-ZIP	<input type="checkbox"/> DELETE
TITLE ADDRESS ST-ZIP	<input type="checkbox"/> DELETE
TITLE ADDRESS ST-ZIP	<input type="checkbox"/> DELETE
TITLE ADDRESS ST-ZIP	<input type="checkbox"/> DELETE
TITLE ADDRESS ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and correct to the best of my knowledge and belief, that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 9/6/99 407/469-2621

CR2E034 (5/99)